FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077 Expires December 31, 2005

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-7.

SECTION	For Insurance Company Use				
BUILDING OWNER'S NAME TW LEWIS COMPANY	Policy Number				
BUILDING STREET ADDRESS (Including Apt., Unit, Suite 7032 E BALANCING ROCK RD No.Units 1	Company NAIC Number				
CITY Scottsdale			STATE AZ	ZIP CODE	
PROPERTY DESCRIPTION (e.g., Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 10 PEAKVIEW TRAILS QS: 52-44					
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use comments section if necessary.) SFR-STANDARD					
LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM: SOURCE: _ GPS (Type):					
SECTION B -	LOOD INSURANC	E RATE MAP (FIRM)	INFORMATION	<u> </u>	
B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER CITY OF SCOTTSDALE 045012	B2. COUN MARICOP			B3. STATE AZ	
NUMBER D D D D D D D D D D D D D D D D D D D	ATE EFFE 9/2001	B7. FIRM PANEL CTIVE/REVISED DATE 07/19/2001	B8. FLOOD ZONE(S) AO	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 1.00	
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. FIS Profile X FIRM Community Determined Other (Describe):					
SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)					
*A new Elevation Certificate will be required when construction of the building is complete. 22. Building Diagram Number1 (Select the building diagram most similar to the building for which this certificate is being completed – see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.) 23. Elevation – Zones A1-A30, AE, AH, A (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO Complete items C3a-i below according to the building diagram specified in item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion. DatumNAVD 1988 Conversion/CommentsNGVD 1929 + 1.77' = NAVD 1988 Elevation reference mark usedCOS NAVD 1988 SYSTEM Does the elevation reference mark used appear on the FIRM? Yes X_ No a) Top of bottom floor (including basement or enclosure)					
c) Bottom of lowest horizontal structural men	nber (V zones only)	N/A	· ' ñ	DOCUMENT PRODUCED BY THE CITY OF	
☐ d) Attached garage (top of slab)		2125.4	ft.(m) ft.(m)	SCOTTSDALE	
 e) Lowest elevation of machinery and/or equipment servicing the building 	ipment	2125.8	÷ ο	STORMWATER MANAGEMENT DIVISION	
☐ f) Lowest adjacent grade (LAG)		2125.2	ft.(m) Na un	FOR THE PURPOSE OF DETERMINING FLOOD	
g) Highest adjacent grade (HAG)		2125.2	ft.(m)	INSURANCE PREMIUM	
h) No. of permanent openings (flood vents) vi) Total area of all permanent openings (floor				RATES	
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SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION This partification is to be signed and exclude by a lead surgery as problem surface with a lead to be signed and exclude by a lead surgery as problem to the signed by law to excite a lead to be signed and exclude by a lead surgery as problem to the signed by law to excite a lead to be signed and exclude by a lead surgery as problem to the signed by law to excite a lead to be signed and exclude by a lead surgery as problem to the signed by law to excite a lead to be signed and exclude by a lead surgery as problem to the signed by law to be signed and exclude by a lead surgery as problem to the signed by law to be signed and exclude by a lead surgery as problem to the signed by law to be signed and exclude by a lead surgery as problem to the signed by a lead surgery as a signed by a lead of the signed by a lead surgery as a signed by a lead of the					
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available.					
I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.					
CERTIFIER'S NAME LICENSE NUMBER					
TITLE COMPANY NAME					
ADDRESS		CITY	STATE	ZIP CODE	
SIGNATURE		DATE	TELEPHON	IE	

IMPORTANT: In these space	For Insurance Company Use:					
IMPORTANT: In these spaces, copy the corresponding information from Section A. BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.			Policy Number			
7032 E BALANCING ROCK RD	No.Units 1					
CITY Scottsdale	STATE AZ	ZIP CODE	Company NAIC Number			
		TECT CERTIFICATION (CON	ITINUED)			
SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED) Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.						
	, (-,					
COMMENTS						
			Check here if attachments			
SECTION E – BUILDING ELE	VATION INFORMATION (SURVEY NOT R	EQUIRED) FOR ZONE AO a	nd ZONE A (WITHOUT BFE)			
	BFE), complete Items E1 through E3. If the Eleve	ation Certificate is intended for us	e as supporting information for			
a LOMA or LOMR-F, Section C mu	<i>ist be completed.</i> I(Select the building diagram most similar to th	no building for which this cortificat	o is boing completedsoo			
	accurately represents the building, provide a ske		e is being completed – see			
E2. The top of the bottom floor (inc	cluding basement or enclosure) of the building is		X_ above or below			
(check one) the highest adjace		alayotad flaar (alayotian b) of the	huilding in			
	h openings (see page 7), the next higher floor or bove the highest adjacent grade.	elevated floor (elevation b) of the	building is			
	depth number is available, is the top of the botto					
	<u> </u>	must certify this information in Se				
	F – PROPERTY OWNER (OR OWNER'S	·				
issued BFE) or Zone AO must sign	norized representative who completes Sections A here.	., B, and E for ∠one A (without a F	·EMA-issued or community-			
	AUTHORIZED REPRESENTATIVE'S NAME					
TW LEWIS COMPANY						
ADDRESS 850 W ELLIOT RD STE 101	CITY TEMF	STATE AZ	ZIP CODE 85284			
SIGNATURE	DATE	TELEPH				
Not Necessary		480-82	0-0807			
COMMENTS						
			Check here if attachments			
	SECTION G - COMMUNITY INFOR	MATION (OPTIONAL)				
	by law or ordinance to administer the community		nce can complete Sections A,			
B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below.						
G1. The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the elevation data in the						
Comments area below.)	·	·				
	pleted Section E for a building located in Zone A (Items G4-G9) is provided for community floodpl		unity-issued BFE) or Zone AO.			
G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED		MPLIANCE/OCCUPANCY ISSUED			
88268	10/23/2003	05/12/2004				
G7. This permit has been issued for						
G8. Elevation of as-built lowest flow G9. BFE or (in Zone AO) depth of	or (including basement) of the building is:	2125.8 ft.(m) I 1.0_ ft.(m) Da	Datum: <u>NAVD 1988</u>			
Go. Bi E of (iii Zone AG) depth of	nooding at the building site is.	<u>1.0_</u> It.(III) Da				
LOCAL OFFICIAL'S NAME		TITLE				
BILL ERICKSON COMMUNITY NAME		SR STORM WATER PLANNER TELEPHONE				
CITY OF SCOTTSDALE		(480) 312-7652				
SIGNATURE		DATE				
ON FILE		05/13/2004				
COMMENTS						
			Check here if attachments			